

L A W O F F I C E S O F
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May 25, 2005

The Honorable Richard Owen
United States District Court Judge
United States District Court
Southern District of New York
40 Foley Square, Room 2903
New York, New York 11201

Re: **U.S. v. Jason Sepulveda**
Docket No. S4 03 Cr. 1492 (RO)

Dear Judge Owen:

Please accept this letter/memorandum as a formal application for sentencing considerations on behalf of Jason Sepulveda. For the reasons stated below, it is our view that the Court should sentence Mr. Sepulveda to the Statutory minimum and not rely on the Guidelines as recommended by Probation.

INTRODUCTION

Jason Sepulveda is awaiting sentence for his participation in a drug conspiracy in which he faces a statutory minimum of 10 years imprisonment for violating the narcotics laws of the United States. See 21 U.S.C. §§812, 841(a)(1), and 841(b)(1)(A). As indicated in the PSI Report, Mr. Sepulveda has accepted responsibility for his role in the charged offenses. Probation has recommended that this Court sentence Mr. Sepulveda to the Guidelines minimum of 135 months. Under the current law, however, the Guidelines have been declared unconstitutional to the extent that they are merely "advisory." United States v. Booker, 543 U.S. ___, 125 S.Ct. 738 (2005). Indeed, the Supreme Court has held that subsection 3553(b)(1) of the Sentence Reform Act of 1984, which mandates use of the Guidelines for sentencing purposes, is "excised." Id. Thus, the Court is no longer *bound* by the Guidelines.

We recognize, however, that pursuant to the Second Circuit's recent holding in United States v. Crosby, 397 F.3d 103 (2d Cir. 2005), the Court "remain[s] under a duty with respect to the Guidelines--not the previously imposed duty to apply the Guidelines, but the continuing duty to 'consider' them, along with the other factors listed in section 3553(a)." Id. at 110. It is for this reason we do not contest the offense level or the Guidelines range arrived at in the PSI Report.

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However, the purpose of this letter/memorandum is to respectfully ask the Court to either sentence Mr. Sepulveda to the statutory minimum of ten years, *or*, if the Guidelines are deemed applicable, we respectfully ask the Court to downwardly depart from the recommended Guidelines sentence of 135 months. Indeed, "mitigating circumstance[s]" exists in Mr. Sepulveda's family life, which militates in favor of a sentence below the Guidelines range of 135 months to a sentence that is more commensurate with the statutory minimum of ten years.

The Facts

Mr. Sepulveda is married with three very ill daughters and a cancer stricken father. Mr. Sepulveda has a biological daughter with his wife, Evette Sepulveda, a biological daughter from a previous relationship, and Mr. Sepulveda has assumed the role of stepfather to his wife's sixteen-year-old daughter (from a previous relationship) since she was one years old. For his crimes, Mr. Sepulveda will be separated from his family for at least 10 years (pursuant to the statutory provisions) or for 135 months pursuant to the Guidelines provisions. During this lengthy time period, he will not be able to provide emotional or financial support for either his ailing daughters or his sick father. Attached to this letter are the official medical records of his sixteen-year-old and five-year-old daughters. While their medical histories are comprehensive, dating back to their infant years, a brief summary of their respective medical conditions is necessary to assist this Court in determining whether a sentence below the Guidelines is warranted.

As stated, *supra.*, Mr. Sepulveda has a biological daughter with his wife, Evette Sepulveda. Their daughter, **Skyler Sepulveda**, is two months shy of five years old, born July 22, 2000. She has numerous health issues and is severely asthmatic. She has been in-and-out of hospitals since infancy and is continuously in need of medical attention. Shortly following her birth she was placed on the following medications: Omapred; Albuterol (Nebulizer); Pulmicort; Augmentin; Amoxil; Tylenol; Acetaminophen; Ibuprofen; Zithromax; Triviflor; Flovent; Antipyretics; Comvax and Plevnar.

Skyler Sepulveda also has tubes planted in her left and right ear and she also suffers other ailments, some of which are an eating disorder, frequent bouts with prolonged coughing, diarrhea and high fevers. The Sepulvedas not only have relied on Mr. Sepulveda's emotional and financial support in raising Skyler, but his physical presence. Mr. Sepulveda has attended many of Skyler's hospital appointments and has been by her side during her more serious medical procedures. If the Court sentences Mr. Sepulveda to the statutory minimum, Skyler will be approximately fifteen years old when her father is released from prison. While his extended absence is sure to have an adverse effect on Skyler's emotional development, anything more than the statutory minimum will crush Skyler.

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Trisha Torres is not the biological daughter of Mr. Sepulveda. However, Jason Sepulveda has been a father throughout her life. Trisha has a serious condition of sickle cell. She was hospitalized at birth as she was born with an infection of the brain. At an early age Trisha underwent two major surgeries and had many blood transfusions. Trisha currently suffers from joint pain from head to toe, which requires frequent hospitalization. In addition, she is required to take multiple medications twice a day for the remainder of her life, as there is currently no cure for her medical condition. Along with a host of other medications, Trisha takes Folic Aid once a day, penicillin twice a day and boost supplements as a result of her poor appetite. She also has psychological problems and sees a psychiatrist on a weekly basis. Throughout Trisha's many years of seeing doctors, being admitted to hospitals and experiencing years of medical setbacks, Mr. Sepulveda has always been there for her. In fact, because of Trisha's many extended trips to the hospital, both Evette and Jason Sepulveda had to work out a routine where they took turns being with Trisha at the hospital. Evette Sepulveda is now left with that responsibility even though she has to divide her time with her other ailing daughter (Skyler).

Mr. Sepulveda's biological 13-year-old daughter from a previous relationship suffers from mental illness and depression. She's been admitted to Bellevue hospital and placed on suicide watch. She too has been through psychiatric therapy and relies heavily on Mr. Sepulveda for support.

Finally, Jason Sepulveda's father has been diagnosed with advanced cancer and he suffers from a severe case of arthritis. Jason Sepulveda has been instrumental in taking his father to hospital appointments, finding a suitable doctor and being there for his father whenever duty called.

While we understand that Jason Sepulveda will be sentenced for his admitted transgressions, this Court is vested with broad discretionary power to take these very important mitigating factors into consideration when imposing sentence. It is our respectful view that because this Court cannot go below the statutory minimum, a sentence of ten years (the mandatory minimum) is more than sufficient. Certainly, the Court should hold that the Guidelines is not appropriate in this case where the recommended minimum of 135 months would require Mr. Sepulveda to serve fifteen more months than what is required by the statutory minimum—which is equivalent to 120 months. However, if the Court concludes that the Guidelines is appropriate, downward departure should be granted.

THE APPLICABLE LAW

It is beyond cavil that this Court has the discretionary powers to downward depart from the Guidelines under extraordinary circumstances. The Second Circuit has

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consistently recognized that *extraordinary* family circumstances, present to an unusual, special or ordinary degree, including parental responsibilities, are a proper ground for downward departure. See, e.g., United States v. Galante, 111 F.3d 1029, 1036 (2d Cir. 1997); United States v. Ekhatior, 17 F.3d 53 (2d Cir. 1994); United States v. Johnson, 964 F.2d 124 (2d Cir. 1992).

It is understood that family circumstances are discouraged as a factor in the sentencing process. United States v. Sweeting, 213 F.2d 95, 100 (3d Cir. 2000); see also, U.S.S.G. §5H1.6. However, the Supreme Court has held that “if the factor is present to an exceptional degree or in some other way makes the case different from the ordinary case where the factor is present” the court can depart. Koon v. United States, 518 U.S. 81, 96 (1996). Thus, where extraordinary circumstances are present, the Second Circuit has read U.S.S.G. §5H1.6 to “mean that when a sentencing court determines the circumstances related to family ties and relationships are extraordinary, the Guidelines do not bar it from considering them as a basis for a downward departure.” Galante, 111 F.3d at 1033; accord United States v. Sharpsteen, 913 F.2d 59 (2d Cir. 1990).

The Second Circuit has not only endorsed, but has consistently affirmed departures for extraordinary family circumstances. In doing so, double digit level reductions have been approved. In Johnson, 964 F.2d 124, the Court upheld the district court’s thirteen level downward departure to a sentence of six months home confinement – with ten of those levels based on the defendant’s extraordinary parental responsibilities. The Johnson court, after noting that extraordinary family circumstances are “by their nature not capable of adequate consideration” by the Guidelines, found that the departure was justified on behalf of the defendant’s family. Id. at 129. The district court departed three levels, from level 23 to level 20 for unrelated reasons, and then departed ten levels from level 20 to level 10 because of extraordinary family responsibilities, including care for defendant’s children and the child of her institutionalized daughter. Id. at 129-30.

Such departures have also been consistently affirmed in situations where the defendant played a major caretaker role for either a mentally or physically handicapped and ailing relative. In United States v. Vaughan, No. 92 Cr. 575-04 (RWS), 1993 WL 119704 (S.D.N.Y. Apr. 15, 1993), the defendant was “the sole care provider for three days out of the week for his wife, who is a victim of Alzheimer’s.” Id. at *1. The court found a departure based on extraordinary family circumstances, along with other departures, was appropriate. Id. at *2. A closely related situation occurs where the defendant not only plays a caretaker role, but the defendant plays an irreplaceable or very important role in maintaining the family member and family’s well being and

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keeping the family together. See, e.g., United States v. Haversat, 22 F.3d 790 (8th Cir. 1994), on remand, 53 F.3d 335 (8th Cir. 1995) (downward departure affirmed; defendant was irreplaceable part of the treatment plan for his wife and her severe psychiatric problems); United States v. Cadle, 988 F.2d 123 (9th Cir. 1993); United States v. Rose, 885 F. Supp. 62 (E.D.N.Y. 1995) (downward departure granted; defendant cared for cousins and contributed financially to grandmother's care).

It is not necessary that the defendant be the *only* caretaker who could provide for family member at issue where the other caretaker could not shoulder the load handled by defendant, or removal of the defendant would cause a disintegration of the family unit. In Galante, 111 F.3d 1009, the defendant was the married father of two children, and was the primary breadwinner because his wife's limited English language skills hindered her income earning opportunities. Id. at 1032. The defendant's work saved the family from having to go on public assistance. The district court departed 13 levels, from offense level 23 (Guidelines range of 46-57 months imprisonment) to offense level 10, and sentenced the defendant to time served (8 days), and 24 months home detention and 225 hours of community service as part of a five year term of supervised release. Id. at 1031, 1032. On appeal, the Galante Court found that the District Court did not abuse its discretion in departing downward based on extraordinary family circumstances. Id. at 1032. Importantly, the Second Circuit *rejected the argument that affirming the departure would open the floodgates* and make any defendant "with children and financial difficulties a presumptive candidate for departure." Id. at 1037. In United States v. Alba, 933 F.2d 1117 (2d Cir. 1991), the Court recognized and affirmed a departure based on extraordinary family circumstances. Notably, one of the factors supporting the extraordinary family circumstances departure was that the defendant was instrumental in helping his disabled father "get in and out of his wheelchair." Id. at 1123.

Here, Mr. Sepulveda's family circumstances involves much more than helping a disabled family member "get in and out of [a] wheelchair": Mr. Sepulveda is instrumental in the ongoing care of his very ill daughters. Indeed, as Evette Sepulveda's February 11, 2004 letter points out: "With three daughters that all have medical conditions, they need their father on a daily basis to be there for them for moral support and to be there for them emotionally and financially" (see attached). No one could deny that factors are present to "an exceptional degree." Koon v. United States, *supra*, at 96. Downward departure from the Guidelines should be strongly considered in the instant case.

SUPPORTING LETTERS

Numerous letters from family and friends have been written on Jason Sepulveda's behalf (see attached). These letters demonstrate that Jason Sepulveda has the

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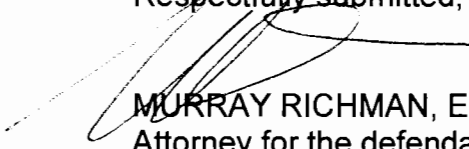
potential to lead a productive life upon his release. These are letters from people who obviously love and depend on Jason Sepulveda. The Court is asked to review these letters and take them into consideration when imposing sentence.

CONCLUSION

On behalf of Jason Sepulveda and his family, the undersigned respectfully requests, in light of *Booker/Fanfan*, that the Court either not rely on the Guidelines, or downwardly depart from the recommended Guidelines minimum, and impose a sentence that would return Mr. Sepulveda home to his wife and daughters within a time-frame commensurate with the statutory minimum of 120 months, so that he can resume attending to their physical, emotional and financial needs.

Your consideration in the above-referenced matter is greatly appreciated.

Respectfully submitted,



MURRAY RICHMAN, ESQ.
Attorney for the defendant

cc: AUSA W.S. Wilson Leung

Mr. Jason Sepulveda

Medical Records of Skyler Sepulveda

Event Chronology: A Medical Record Summary. Patient: SKYLER SEPULVEDA [2515]

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		
01/08/2004	Problem List	[HEALTHY PROBLEM LIST] sickle trait, anemia; asthma Record Updated On: 01/08/2004
08/01/2000	Allergies	[ALLERGIES] No known allergies Record Updated On: 08/01/2000
02/10/2004	3 yrs. 6 mos. Scanned Item PRP	[ITEM:] :DIAGNOSTIC TEST [CATEGORY:] THROAT CULTURE [Scan ID] 24019
02/10/2004	3 yrs. 6 mos. Diagnostic Test	[O] [SCAN]THROAT CULTURE: [R] [SCAN]THROAT CULTURE: ; [Scan ID] 24019
02/06/2004	3 yrs. 6 mos. Patient Encounter Dawn Li	<u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] sore throat and cough x 2 days. + rhinorrhea. no fever. good POs/activity. mom wants strep test done because she is going away, child will be with relatives [OBJECTIVE] Well-appearing [EENTN] conj clear. L TM small serous effusion, good light reflex. R TM clear. OP sl erythema, no exudate, MMM. neck supple, no LAD [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear, no wheeze [ABDOMEN] soft, ND, NT, no HSM, no masses [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] viral illness/pharyngitis [PLAN] rapid strep negative f/u throat cx phone f/u
02/05/2004	3 yrs. 6 mos. Message	[REASON] c/o sore throat, coughing a little; no fever; knee pain [ACTION] appointment tomorrow Caller: MOTHER Time Received: 02:04 PM Note for: BK Note written by: BK Call Status: Returned
01/08/2004	3 yrs. 5 mos. Patient Encounter Brigitte Kerpsack, M.D.	<u>079.99 UNSPECIFIED VIRAL INFECTION</u> <u>493.90 UNS ASTHMA W/STATUS ASTHMATICUS</u> [PROBLEM] cough as above, had fever for few days, none yesterday, then low grade today; using albuterol and pumicort without significant change [OBJECTIVE] playful, active [EENTN] TMs - nl; oroph - nl; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, B soft wheezes few crackles at bases [ASSESSMENT] viral illness with RAD [PLAN] orapred 1.5tsp po now, then x 3-5 days continue albuterol, pulmicort bid start augmentin ES 600 bid if no improvement/phone f/u
01/06/2004	3 yrs. 5 mos. Message	[REASON] cough, congestion, fever to 100.4; [ACTION] albuterol q 4-6hours, appointment for worsening cough, increased work of breathing Caller: MOTERH Time Received: 10:44 AM Note for: BK

Date	Record Type Age on Date	Provider/Entered By	Record Summary
<u>2515:</u>			
			Note written by: BK Call Status: Returned
12/13/2003	3 yrs. 4 mos. Patient Encounter Brigitte Kerpsack, M.D.		<u>034.0 STREPTOCOCCAL SORE THROAT</u> [PROBLEM] sore throat [OBJECTIVE] appears comfortable [EENTN] TMs - nl; oroph - erythematous; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ASSESSMENT] strep pharyngitis [PLAN] rapid strep positive amoxil 400 bid
12/05/2003	3 yrs. 4 mos. Vaccine Gary S. Edelstein, M.D.		FLU - 3yrs+
09/12/2003	3 yrs. 1 mos. Message CATHY FAIRBURN		[REASON] SCHOOL FORM WAS MAILED TO PARENTS ON 09-12-03 Time Received: 05:36 PM Note for: CF Note written by: CF Call Status: No follow necessary
06/20/2003	2 yrs. 10 mos. Scanned Item GSE		[ITEM:] :DIAGNOSTIC TEST [CATEGORY:] THROAT CULTURE [Scan ID] 16966
06/20/2003	2 yrs. 10 mos. Diagnostic Test		[O] [SCAN]THROAT CULTURE: [R] [SCAN]THROAT CULTURE: ; [Scan ID] 16966
06/16/2003	2 yrs. 10 mos. Patient Encounter Gary S. Edelstein, M.D.		<u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] Peeling of hands and feet - has occurred twice; most recently over past week. Fever 2 days ago. No other rash. No fever today. Vomited twice last night. [OBJECTIVE] Well-appearing [EENTN] Oroph:nl; neck: supple; tubes appear in place, no erythema, no d/c [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ABDOMEN] soft, ND, NT, no HSM, no masses [DERMATOLOGIC] few mildly erythematous papules on trunk; peeling on feet [MISC.FINDINGS] anus - small tag-like lesion at 6:00 [ASSESSMENT] Viral illness [PLAN] rapid strep (-) culture sent; observe; phone f/u
04/28/2003	2 yrs. 9 mos. Message Pamela R. Phillips		[REASON] peeling fingers/toes x 2-3 weeks, otherwise well [ACTION] appt this week Caller: DAD Time Received: 05:32 PM Note for: PRP Note written by: PRP Call Status: Returned
02/28/2003	2 yrs. 7 mos. Growth Chart		Weight: 17.3 kg 38.0 lb 97 percentile Height: 98.4 cm 38.8 in 97 percentile Head Circ: 49.5 cm 93 percentile BMI: 17.8 90 percentile
02/28/2003	2 yrs. 7 mos. Vaccine Brigitte Kerpsack, M.D.		FLU - 6-35m
02/28/2003	2 yrs. 7 mos. Preventive Exam Brigitte Kerpsack, M.D.		<u>V20.2 ROUTINE INFANT/CHILD HEALTH CHECK</u> [SUBJECTIVE: Interval History Since Last Visit :] 2.5 years old - doing well s/p scarlet fever, amox completed few days ago

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			<p>no wheezing over past few months since removed rugs from house</p> <p>occasional iron drops</p> <p>Diet: Good appetite, doesn't like meat; 16 ozs milk; tap water</p> <p>Dev: sentences - understandable; pretend play; up stairs; names pix in book; help get dressed; throws ball overhand; brushes teeth</p> <p>Sleep: good Elim: toilet trained, diaper at night [EXAM: OBJECTIVE:] well-appearingWeight: 38.0 lb 97 percentileHeight: 38.8 in 97 percentile [ABNORMALITIES EXPLAINED] Genitalia: nl female; few light downy hairs over labia [ADVICE:] Safety: choking foods (no nuts/popcorn, cut grapes, hot dogs, carrots), animals, car seat Diet: tap water, 1 - 2 % milk Acetaminophen dose [ISSUES] well toddler</p> <p>Hgb--10.4--continue iron, cbc with next visit influenza #2 f/u 6 months [EXAM: FINDINGS]:Eyes: -coverRRHearing: nlHEENT: AFclosedEars: nlThroat: nlNeck: suppleLymph: noneHeart: RR (-)MChest: equal BSLungs: clearAbdomen: nlHips: symmetricPulses: fem 2+Back: nlGenitalia: see noteHernia: noExtremity: FROM-AnomaliesSkin: goodDental: no lesionsJaundice: noMenstruation History: n/aGross Motor: nl gaitFine Motor: nlBehavioral Development: NORMALNeuro- Development: NORMALLanguage Development: NORMAL</p>
02/14/2003	2 yrs. 6 mos. Message	Gary S. Edelstein, M.D.	<p>[REASON] vomiting and diarrhea since last night; less active [ACTION] Small frequent liquids; observe; phone f/u Caller: MOTHER Time Received: 12:16 PM Note for: GSE Note written by: GSE Call Status: Returned</p>
02/14/2003	2 yrs. 6 mos. Message	Brigitte Kerpsack, M.D.	<p>[REASON] fever to 103.4 diarrhea and vomiting using tylenol suppository [ACTION] tylenol for fever, encourage liquids phone f/u if worsens</p>

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		Caller: MOTHER Time Received: 05:51 PM Note for: BK Note written by: BK Call Status: Returned
11/14/2002	2 yrs. 3 mos. Medication Melissa B. Nelson, M.D.	<u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon) Substitutions Permitted Start date: 11/14/2002
11/14/2002	2 yrs. 3 mos. Patient Encounter Melissa B. Nelson, M.D.	<u>381.01 ACUTE SEROUS OTITIS MEDIA</u> [PROBLEM] 2 yr old with 2 wks of coughing which is generally getting better. Had diarrhea and vomiting x 2 days which has now resolved. Last night, started c/o left ear pain. Right ear is dripping some "clear fluid". Myringotomy tubes placed in 8/2002. No fevers currently. [OBJECTIVE] Tired-appearing, otherwise comfortableTemperature: 100 F Temp Site: Ear Canal [EENTN] Eyes: Conjunctiva - noninjected; Ears: serous otorrhea on right and bulging, tense effusion on left. Lt tube visualized. Not able to see tube on right. Nose: Nasal congestion; hyperemic, boggy mucosa oroph: injected, no exudate; [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] OM - bilaterally. S/P myringotomy tube placement in Aug 02. [PLAN] Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon)>>;
11/04/2002	2 yrs. 3 mos. Vaccine Pamela R. Phillips	FLU - 6-35m
11/04/2002	2 yrs. 3 mos. Message Pamela R. Phillips	[REASON] cough, wheeze, using albuterol [ACTION] appt Caller: MOTHER Time Received: 01:15 PM Note for: PRP Note written by: PRP Call Status: Returned
11/04/2002	2 yrs. 3 mos. Patient Encounter Pamela R. Phillips	<u>493.90 UNS ASTHMA WOSTATUS ASTHMATICUS</u> [PROBLEM] started with cough, wheze, congestion last night, using albuterol neb with improvement; last neb 5 hrs ago [OBJECTIVE] Well-appearing [EENTN] TMs - tubes in place bilaterally; oroph - nl; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] RR30, good AE, scattered crackles [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] asthma [PLAN] cont albuterol nebs q4 start pulmicort 0.25 bid flu shot 0.25 - RTO 1 mo for flu#2 phone f/u
10/21/2002	2 yrs. 2 mos. Patient Encounter Pamela R. Phillips	<u>493.10 IN ASTHMA WOSTATUS ASTHMATICUS</u> [PROBLEM] has a cold, wheezing, last neb 6am, started on orapred by Dr Nelson last night [OBJECTIVE] Well-appearing [EENTN] TMs - nl; oroph - nl; conjunctiva - noninjected; neck - supple

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			[HEART] RR; nl S1, S2; no murmur [LUNGS] good AE, (+ scattered wheeze, occ crackles, no rx/flare) [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] asthma [PLAN] cont albuterol q4 orapred 1 tsp bid x 5 days phone f/u flu shot next week
10/08/2002	2 yrs. 2 mos. Scanned Item PRP		[ITEM:] :REFERRAL LETTER [CATEGORY:] DR. KELLER [Scan ID] 8863
08/16/2002	2 yrs. 0 mos. Medication Melissa B. Nelson, M.D.		<u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon) Substitutions Permitted Start date: 08/16/2002 End date: 08/26/2002 Weight: 35 Lb.
08/16/2002	2 yrs. 0 mos. Patient Encounter Melissa B. Nelson, M.D.		<u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> [PROBLEM] Began c/o right ear pain this am. Last OM was approx 1 month ago. She is scheduled for bilateral myringotomy tube placement in 2weeks (8/28). No fevers. [OBJECTIVE] Well-appearing active [EENTN] Eyes: Conjunctiva - noninjected; Ears: TM - Right red, full, Left - normal; nose: normal oroph:nl; neck: supple; no adenopathy [HEART] Heart: RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ABDOMEN] soft, NT, ND, no masses, no HSM [ASSESSMENT] Rt OM [PLAN] Augmentin <<[#517] Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon)>>; Mother to contact ENT reference surgery on 8/28.
07/24/2002	2 yrs. 0 mos. Growth Chart		Weight: 14.5 kg 32.0 lb 95 percentile Height: 95.3 cm 37.5 in 97 percentile Head Circ: 49.5 cm 93 percentile BMI: 16.0 39 percentile
07/24/2002	2 yrs. 0 mos. Diagnostic Test Pamela R. Phillips		[O] PEDIATRIC: [R] HGB/HCT - HEMOGRAM: 11.80;
07/24/2002	2 yrs. 0 mos. Preventive Exam Pamela R. Phillips		<u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u> [SUBJECTIVE: Interval History Since Last Visit :] 2 yr. old - doing well - s/p episode of RAD last week, still coughing a little on ferinol Diet: Good appetite; <24 ozs milk; tap water Dev: combines 2/3 words; uses imaginative toys; names pix in book runs; up/down stairs; helps to undress circular scribbles; uses spoon well Elim: nl, showing interest in potty - pees in potty Sleep: good [EXAM: OBJECTIVE:] well-appearingWeight: 32.0 lb 95 percentileHeight: 37.5 in 97 percentile [ABNORMALITIES EXPLAINED] TMs - bilateral serous effusions [ADVICE:] AG: behavior issues (time out), toilet training Diet: tap water or fluoride drops; 1 - 2 % milk acetaminophen and ibuprofen doses Safety: no choking foods; car seat; street safety; water safety

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		<p>[ISSUES] well toddler/ chronic SOM</p> <p>ENT referral-Keller or DeSerres</p> <p>hgb 11.8-cont ferinsol but may decrease to 1 dropper qd</p> <p>flu shot in fall</p> <p>albuterol neb prn cough</p> <p>f/u 6 months</p> <p>[EXAM: FINDINGS]:</p> <p>....Eyes: RR-cover</p> <p>....Hearing: nl</p> <p>....HEENT: AFclosed</p> <p>....Ears: nl</p> <p>....Throat: nl</p> <p>....Neck: supple</p> <p>....Lymph: none</p> <p>....Heart: RR, no murmur</p> <p>....Chest: equal BS</p> <p>....Lungs: clear</p> <p>....Abdomen: nl</p> <p>....Hips: symmetric</p> <p>....Pulses: fem 2+</p> <p>....Back: nl</p> <p>....Genitalia: nl female</p> <p>....Hernia: no</p> <p>....Extremity: FROM, nl</p> <p>....Skin: good</p> <p>....Dental: nl</p> <p>....Jaundice: no</p> <p>....Menstruation History: n/a</p> <p>....Gross Motor: nl tone</p> <p>....Fine Motor: nl</p> <p>....Behavioral Development: nl</p> <p>....Neuro- Development: nl</p> <p>....Language Development: nl</p>
07/16/2002	23 mos. 24 days Patient Encounter Brigitte Kerpsack, M.D.	<p><u>493.90 ASTHMA, UNSPECIFIED TYPE, WITHOUT MENTION OF STATUS ASTHMATI</u></p> <p>[PROBLEM] cough x 3 days</p> <p>yesterday had increased work of breathing--pulling in at neck and stomach--aunt who has asthmatic child though looked like asthma</p> <p>better today</p> <p>had fever 2 days ago, none today</p> <p>coughs when she runs even when not sick</p> <p>one prior episode of increased work of breathing that seemed to respond to cousin's albuterol</p> <p>[OBJECTIVE] well appearing, active</p> <p>....Temperature: 98.7 F Temp Site: Ear Canal</p> <p>[EENTN] TMs - bilateral serous effusions; oroph - nl; conjunctiva - noninjected; neck - supple</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] good aeration, bilateral soft crackles at bases, no retractions, breathing comfortably</p> <p>[ABDOMEN] soft, NT, ND, no masses, no HSM</p> <p>[ASSESSMENT] RAD with URI</p> <p>[PLAN] albuterol neb x 1 in office --with increased crackles</p> <p>albueroi nebs q 6 hours</p> <p>orapred 15 mg x 3 days</p> <p>f/u if develops increased work of breathing, new fever</p> <p>ear check at well visit</p>
06/29/2002	23 mos. 7 days Scanned Item BK	<p>[ITEM:] :DIAGNOSTIC TEST</p> <p>[CATEGORY:] CBC WITH PLATELETS</p> <p>[Scan ID] 6943</p>
06/29/2002	23 mos. 7 days Diagnostic Test	<p>[O] [SCAN]CBC WITH PLATELETS: [R] [SCAN]CBC WITH PLATELETS: ; [Scan ID] 6943</p>

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		
	Brigitte Kerpsack, M.D.	
06/26/2002	23 mos. 4 days Message Pamela R. Phillips	[REASON] hgb 10.0 [ACTION] to start ferinol 1 dropper bid - will recheck at 2yr WCC visit next month Caller: MOTHER Time Received: 09:43 AM Note for: PRP Note written by: PRP Call Status: No follow necessary
06/17/2002	22 mos. 25 days Patient Encounter Pamela R. Phillips	<u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> [PROBLEM] fever to 101, cough, runny nose, less active than usual; [OBJECTIVE] Well-appearingTemperature: 101.9 F Temp Site: Ear Canal [EENTN] Conjunctiva - noninjected; left TM - red, bulging, right TM normal; oroph:nl; neck: supple; [HEART] RR; nl S1, S2; no murmur [LUNGS] RR32, good AE, scattered crackles, no wheeze [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] LOM viral illness [PLAN] zithromax 200/5 - 4cc today then 2cc qd days 2-5 call for worsening resp sx recheck ear at 2yr WCC visit (one month) - consider ENT referral if unresolved
05/23/2002	22 mos. 1 days Patient Encounter Karen A. Kennedy, M.D.	<u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> [PROBLEM] Fever last weeek which resolved and URI sx-c/o ear pain this am. "Wet" cough especially when sleeping. Good PO's, sleeping well. [OBJECTIVE] Well-appearing [EENTN] Right TM /pharynx normal-left TM red/retracted-supple neck [HEART] RR; nl S1, S2; no murmur [LUNGS] Good aeration, clear [ABDOMEN] Soft, NT [PLAN] Supportive care Omnicef 125/5 1 1/2 tsp qd x 10 days
04/16/2002	20 mos. 24 days Patient Encounter Brigitte Kerpsack, M.D.	<u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> [PROBLEM] here for ear check s/p OM x 2, s/p augmentin no recent fevers occasional cough [OBJECTIVE] well appearing [EENTN] TMs - nl; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] resolved OM [PLAN] f/u 3 months for wcc
04/10/2002	20 mos. 18 days Message Karen A. Kennedy, M.D.	[REASON] Needs refill of Triviflor. [ACTION] Triviflor 0.25 qd with 5 refills. Caller: PHARMACY Time Received: 02:04 PM Note for: KAK Note written by: KAK Call Status: Returned
02/27/2002	19 mos. 5 days Growth Chart	Weight: 12.6 kg 27.6 lb 84 percentile Height: 90.2 cm 35.5 in 97 percentile Head Circ: 48.5 cm 90 percentile
02/27/2002	19 mos. 5 days Preventive Exam	<u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u>

Date	Record Type	Record Summary
Age on Date		
Provider/Entered By		
2515:		
	Pamela R. Phillips	<p>[SUBJECTIVE: Interval History Since Last Visit :] 18 months - doing well has had fever - resolved 2 days ago, cough Diet: good appetite < 24 ozs whole milk, tap water, fluoride Dev: words (many), indicates wants, scribbles, walks upstairs 1 hand held, throws ball, stacks blocks Sleep: good, 1 nap Elim: nl [EXAM: OBJECTIVE:] Well Weight: 27.6 lb 84 percentile Height: 35.5 in 97 percentile [ABNORMALITIES EXPLAINED] right tm - red, bulging; left tm - red, (+)pus behind inferior portion of tm, but landmarks visualized [ADVICE:] Safety: choking foods, supervision near streets, water, never leave unattended car/home</p> <p>AG: may resist bedtime, normal to fall, can buy potty, night awakenings</p> <p>Toys: word books, push/pull toys, parallel play with peers</p> <p>Tylenol dose [ISSUES] well toddler/BOM</p> <p>augmentin CBC, lead</p> <p>f/u in 6 months [EXAM: FINDINGS]: Eyes: RR-cover Hearing: nl HEENT: AFclosed Ears: see note Throat: nl Neck: supple Lymph: none Heart: RR, no murmur Chest: equal BS Lungs: clear Abdomen: nl Hips: symmetric Pulses: fem 2 + Back: normal Hernia: no Extremity: FROM, nl Skin: good Dental: no lesions Jaundice: no Menstruation History: n/a Gross Motor: normal Fine Motor: normal Behavioral Development: normal Neuro- Development: nl Language Development: normal</p>
02/21/2002	18 mos. 29 days Message Pamela R. Phillips	<p>[REASON] completed course of amox 1 week ago, now agian with fever to 101+, runny nose, mild cough; vomited x 1 this am, decreased appetite but drinking ok [ACTION] observe, appt if no improvement Caller: MOTHER Time Received: 01:51 PM Note for: PRP Note written by: PRP Call Status: Returned</p>
02/04/2002	18 mos. 12 days Patient Encounter	<p>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE [PROBLEM] 2 days of fever to 102.7, cough, congestion, waking from cough, not eating</p>

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		
	Pamela R. Phillips	well but drinking ok; cousin with same [OBJECTIVE] Well-appearingTemperature: 99.9 F Temp Site: Ear Canal [EENTN] Conjunctiva - noninjected; TMs - red, full bilaterally L>R; clear rhinorrhea; oroph:nl; neck: supple; [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, scattered crackles [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] BOM [PLAN] amoxil 400/5 1 tsp bid x 10 days recheck at well visit
01/22/2002	18 mos. 0 days Schedule Gary S. Edelstein, M.D.	[No Show for scheduled appt.- Patient did not call to cancel.] No Show: SEPULVEDA, SKYLER [201-432-9086] ~18M EXAM-GSE -- GSE N/A-----
12/27/2001	17 mos. 5 days Message Brigitte Kerpsack, M.D.	[REASON] fever since last night, no runny nose or cough s/p ear infection 3 weeks ago [ACTION] tylenol or motrin for fever f/u if no improvement or if no other symptoms develop Caller: MOTHER Time Received: 05:31 PM Note for: BK Note written by: BK Call Status: Returned
12/03/2001	16 mos. 11 days Patient Encounter Gary S. Edelstein, M.D.	<u>786.2 COUGH</u> [PROBLEM] Coughing for almost 1 month. Is congested. Not sleeping well. Fever 3 days ago. Posttussive vomiting. Decreased appetite/drinking fine. Less active. No one else sick at home. [OBJECTIVE] Well-appearingRespiratory Rate: 30 [EENTN] Conjunctiva - noninjected; TMs normal landmarks and light reflex; neck: supple [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, scattered crackles/wheezes, no retractions [MISC.FINDINGS] Exts: well perfused [ASSESSMENT] cough [PLAN] trial of flovent 44 mcg BID; phone f/u
11/28/2001	16 mos. 6 days Message Gary S. Edelstein, M.D.	[REASON] cold 1 month ago; has continued coughing; no fever; acting fine [ACTION] appt within next week if no improvement Caller: MOTHER Time Received: 03:50 PM Note for: GSE Note written by: GSE Call Status: Returned
10/23/2001	15 mos. 1 days Growth Chart	Weight: 12.5 kg 27.6 lb 96 percentile Height: 85.1 cm 33.5 in 97 percentile Head Circ: 47.7 cm 92 percentile
10/23/2001	15 mos. 1 days Vaccine Gary S. Edelstein, M.D.	DTaP HepB/HIB
10/23/2001	15 mos. 1 days Preventive Exam Gary S. Edelstein, M.D.	<u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u> [SUBJECTIVE: Interval History Since Last Visit :] 15 months - doing well; cough; no fever; sounded like she was wheezing Diet: table foods; < 24 ozs whole milk; fluoride drops Dev: words, understands commands, walks alone, uses cup, points to body parts Sleep: good Elim: sometimes hard

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		<p>[EXAM: OBJECTIVE:] WellWeight: 27.6 lb 96 percentileHeight: 33.5 in 97 percentile [ABNORMALITIES EXPLAINED] HEENT: nl shape; mild nasal congestion [ADVICE:] No choking foods - nuts, popcorn, raw carrots; cut grapes and hot dogs</p> <p>Safety: toddler car seat, water safety, cords, medications out of reach</p> <p>Toys: books, push-pull toys, "brooms"</p> <p>AG: too early for toilet training, fears [ISSUES] well child dietary changes for constipation DTaP, comvax</p> <p>f/u in 3 months [EXAM: FINDINGS]:Eyes: RR-coverHearing: nlHEENT: see noteEars: TMs - nlThroat: nlNeck: suppleLymph: noneHeart: RR, no murmurChest: equal BSLungs: clearAbdomen: nlHips: symmPulses: fem 2+Back: nlGenitalia: nl femaleHernia: noExtremity: FROM, well perfusedSkin: goodDental: no lesionsJaundice: noMenstruation History: n/aGross Motor: normalFine Motor: normalBehavioral Development: normalNeuro- Development: normalLanguage Development: normal</p>
10/09/2001	14 mos. 17 days Patient Encounter Brigitte Kerpsack, M.D.	<p><u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] 3 day h/o decreased appetite, drinking well fever x 1 day small diarrhea vomited x 2 no runny nose, cough, was picking at ears [OBJECTIVE] well appearing [EENTN] TMs-normal; oroph-mildly injected with few white papules, no exudate, neck - supple; conjunctiva - noninjected [HEART] RR, no murmurs [LUNGS] good aeration, clear [ABDOMEN] soft, NT/ND, no masses or HSM [DERMATOLOGIC] no rashes [ASSESSMENT] viral illness [PLAN] encourage liquids tylenol for fever f/u if fever persists</p>
08/13/2001	12 mos. 21 days Patient Encounter Brigitte Kerpsack, M.D.	<p><u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] rash over body had fever to 101-102 3-4 days ago, none since; diarrhea, decreased appetite yet good</p>

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			fluid intake [OBJECTIVE] appears comfortable [EENTN] Tms-erythematous; oroph-injected with few papules, neck - supple; conjunctiva - mildly injected [HEART] RR, no murmurs [LUNGS] good aeration, clear [ABDOMEN] soft, NT/ND, no masses or HSM [DERMATOLOGIC] erythematous papular rash over body [ASSESSMENT] rash, diarrhea, pharyngitis c/w viral illness [PLAN] tylenol for fever encourage liquids
07/23/2001	12 mos. 1 days Growth Chart		Weight: 12.0 kg 26.3 lb 97 percentile Height: 82.6 cm 32.5 in 97 percentile Head Circ: 47.0 cm 93 percentile
07/23/2001	12 mos. 1 days Vaccine Gary S. Edelstein, M.D.		MMR Var
07/23/2001	12 mos. 1 days Preventive Exam Gary S. Edelstein, M.D.		<u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u> [SUBJECTIVE: Interval History Since Last Visit :] 1 year old - doing well Diet:good appetite; 8 ozs X 3 - 4 Dev: kisses/hugs; starting to understand; words; uses cup; walks w/ 1 hand/alone Sleep:good Elim:nl [EXAM: OBJECTIVE:] WellWeight: 26.3 lb 97 percentileHeight: 32.5 in 97 percentileTemperature: 0 F [ADVICE:] Safety: no choking foods (nuts, popcorn, raw carrots, cut hotdogs and grapes), corners, poisoning, gates Diet: whole milk (< 24 ozs) Toys: pull/push toys, play "point and name", shape sorter AG: walking, decr. appetite, negativism, discipline [ISSUES] well baby < 24 ozs milk MMR, Varicella, Pevnar(not in stock) f/u 3 months [EXAM: FINDINGS]:Eyes: RR-coverHearing: nl, AFOFHEENT: nl shapeEars: Tms nlThroat: nlNeck: suppleLymph: noneHeart: RR, no murmurChest: equal BSLungs: clearAbdomen: nlHips: symmPulses: fem 2+Back: nlGenitalia: NormalHernia: noExtremity: nlSkin: goodDental: no rashesJaundice: noMenstruation History: n/aGross Motor: stands

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			<p>....Fine Motor: NORMAL Behavioral Development: NORMAL Neuro- Development: NORMAL Language Development: NORMAL</p>
07/05/2001	11 mos. 13 days Patient Encounter Pamela R. Phillips		<p><u>910 SUPERFICIAL INJURY OF FACE, NECK, AND SCALP EXCEPT EYE</u> [PROBLEM] fell out of stroller this am, nose bled - cried immediately, no LOC, taken to ER in NJ - told was fine, but mom wants to be sure [OBJECTIVE] Well appearing, happy [EENTN] nose, upper lip with large abrasion, no laceration, no active bleeding; nose - no deformity, no septal hematoma; upper lip - swollen, op - clear [MISC.FINDINGS] neuro - nonfocal [ASSESSMENT] facial trauma [PLAN] observe head injury instructions topical abx ointment phone f/u prn</p>
06/20/2001	10 mos. 28 days Message Gary S. Edelstein, M.D.		<p>[REASON] had vaginal d/c which has resolved; now with redness; [ACTION] Zinc oxide ; observe; Caller: MOTHER Time Received: 01:50 PM Note for: GSE Note written by: GSE Call Status: Returned</p>
06/14/2001	10 mos. 22 days Message Brigitte Kerpsock, M.D.		<p>[REASON] greenish-yellow discharge noted twice on diaper over past 2 days, also after wiping; had AGE last week, no fevers, otherwise well [ACTION] probable vaginitis; bath bid, f/u if no improvement or if fever Caller: MOTHER Time Received: 04:45 PM Note for: BK Note written by: BK Call Status: Returned</p>
04/23/2001	9 mos. 1 days Growth Chart		<p>Weight: 10.2 kg 22.4 lb 95 percentile Height: 76.8 cm 30.3 in 97 percentile Head Circ: 46.0 cm 94 percentile</p>
04/23/2001	9 mos. 1 days Vaccine Gary S. Edelstein, M.D.		<p>IPV</p>
04/23/2001	9 mos. 1 days Preventive Exam Gary S. Edelstein, M.D.		<p><u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u> [SUBJECTIVE: Interval History Since Last Visit :] 9 months - doing well;has a cold, no fever. White inside mouth; taking flouride occ. Diet: baby food; formula; water Dev: pincer grasp, babbles, sits, crawls, pulls to stand, bangs, bye-bye, claps Sleep:awkes at night - falls asleep in bed Elim:nl [EXAM: OBJECTIVE:] Well Weight: 22.4 lb 95 percentile Height: 30.3 in 97 percentile Temperature: 0 F [ADVICE:] Diet: cup/spoon, table foods (no choking foods, shell fish, honey, tomatoes, strawberries, chocolate, nuts); tap water for fluoride, yogurt Tylenol dose Safety: foods, have Bendryl, babyproofing, gates AG: sit/crawl/pull to stand/walling; night awakenings, appetite changes, tantrum Toys: containers, books with stiff pages [ISSUES] well baby flouride .25 mg</p> <p>IPV Given MMR, varicella handouts</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				f/u at 1 year [EXAM: FINDINGS]:Eyes: RR X2Hearing: normalHEENT: nl shapeEars: nlThroat: nlNeck: suppleLymph: noneHeart: RR, no murmurChest: equal BSLungs: clearAbdomen: nlHips: symmetricPulses: fem 2+Back: normalGenitalia: NormalExtremity: FROM, nlSkin: nlDental: no rashesJaundice: noMenstruation History: n/aGross Motor: nl toneFine Motor: nlBehavioral Development: nlNeuro- Development: nlLanguage Development: nl
03/16/2001	7 mos. 24 days		Gary S. Edelstein, M.D.	[REASON] Upper respiratory infection: Runny nose - Clear ; yellow; no fever. decreased appetite; playful; [ACTION] Can use OTC med qhs; observe; phone f/u Caller: MOTHER Time Received: 11:26 AM Note for: GSE Note written by: GSE Call Status: Returned
01/23/2001	6 mos. 1 days			Weight: 8.9 kg 19.6 lb 97 percentile Height: 72.4 cm 28.5 in 97 percentile Head Circ: 44.0 cm 87 percentile
01/23/2001	6 mos. 1 days		Gary S. Edelstein, M.D.	PCV IPV DTaP
01/23/2001	6 mos. 1 days		Gary S. Edelstein, M.D.	[SUBJECTIVE: Interval History Since Last Visit :] 6 months - doing well Diet:Good Start/baby food Dev: babbbles, rolls, sits, reaches, transfers Sleep:good Elim:nlWeight: 19.6 lb 96.0 percentileHeight: 28.5 in 99.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: Soft, NT/ND, no masses or HSM (= nl for future visits) [ADVICE:] Diet: high chair, cup (tap water for flouride), stage 2 foods, no table foods Tylenol dose Safety - no allergy foods(tomatoes, berries, chocolate, nuts, honey) babyproofing, benadryl Toys: large, easy to hold objects AG: teething, stanger/separation anxiety, waking at night, may sit/crawl/pulll to stand [ISSUES] well baby DTaP, prevnar, IPV

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		f/u 3 months [EXAM: FINDINGS]:Eyes: RR X 2Hearing: nl, AFOFHEENT: nl shapeEars: TMs - nlThroat: nlNeck: suppleLymph: noneHeart: RR, no murmurChest: clearLungs: equal BSAbdomen: see noteHips: symm, no clicksPulses: fem 2+Back: nlGenitalia: NormalHernia: noneExtremity: FROM; nlSkin: noneDental: no rashesJaundice: noMenstruation History: n/aGross Motor: nl toneFine Motor: graspsBehavioral Development: nlNeuro- Development: NORMALLanguage Development: NORMAL
12/13/2000	4 mos. 21 days Patient Encounter Gary S. Edelstein, M.D.	079.99 UNSPECIFIED VIRAL INFECTION [PROBLEM] Has been constipated. This AM developed red bumps on her cheeks. Today began coughing and sneezing, and developed fever to 101.3. Last tylenol 1 hour ago. Decreased appetite. No one else sick at home. [OBJECTIVE] Well appearing [EENTN] TMs-normal; oroph-noninjected, no exudate, neck - supple; conjunctiva - noninjected ; shotty occipital nodes; [HEART] RR, no murmurs [LUNGS] good aeration, clear [ABDOMEN] soft, NT/ND, no masses or HSM [DERMATOLOGIC] no rashes [MISC.FINDINGS] Exts-well perfused [ASSESSMENT] Viral illness [PLAN] Observe; antipyretics ;encourage liquids; phone f/u
11/29/2000	4 mos. 7 days Growth Chart	Weight: 7.6 kg 16.8 lb 95 percentile Height: 67.3 cm 26.5 in 97 percentile Head Circ: 42.5 cm 83 percentile
11/29/2000	4 mos. 7 days Vaccine Gary S. Edelstein, M.D.	DTaP HepB/HIB PCV
11/29/2000	4 mos. 7 days Preventive Exam Gary S. Edelstein, M.D.	[SUBJECTIVE: Interval History Since Last Visit :] 4 months old - doing well Diet: Good Start Dev: babbles/laughs; reaching; hands together; objects to mouth; holds rattle Sleep: back/side Elim:Weight: 16.8 lb 79.0 percentileHeight: 26.5 in 87.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: Soft, NT/ND, no masses or HSM [ISSUES] well baby DTaP, comvax, prevnar Discuss starting baby food Acetaminophen dose Safety: don't leave alone on elevated surface; choking; burns; sun exposure

Date Record Type
 Age on Date
 Provider/Entered By

Record Summary

2515:

Toys: large/easy to hold objects, rattles, speak/sing to baby
 AG: everything in mouth, teething; prefers seated position, rolling, reaching
 Starting feeding handout
 f/u in 2 months
 [EXAM: FINDINGS]:
Eyes: RRX2
Hearing: AF - OF
HEENT: nl shape
Ears: TMs - nl
Throat: nl
Neck: supple
Lymph: none
Heart: RR, no murmur
Chest: equal BS
Lungs: clear
Abdomen: see note
Hips: symm, no clicks
Pulses: fem 2+
Back: nl
Genitalia: nlfemale
Hernia: none
Extremity: well perfused, nl;
Skin: n/a
Dental: no rashes
Jaundice: none
Menstruation History: n/a
Gross Motor: hldshead
Fine Motor: nl tone
Behavioral Development: alert
Neuro- Development: NORMAL
Language Development: NORMAL

10/30/2000 3 mos. 8 days Weight: 6.8 kg 14.9 lb 92 percentile
 Growth Chart Height: 64.8 cm 25.5 in 97 percentile
 Head Circ: 41.0 cm 70 percentile

10/30/2000 3 mos. 8 days
 Vaccine
 Gary S. Edelstein, M.D.

IPV

10/30/2000 3 mos. 8 days
 Preventive Exam
 Gary S. Edelstein, M.D.

[SUBJECTIVE: Interval History Since Last Visit :] 3 months - doing well; rash on face
 Diet: Good Start
 Sleep:back/side
 Dev: smiles/squeals, follows 180, hands together, turns head toward sound, regards hands
 Elim:nl
Weight: 14.9 lb 74.0 percentile
Height: 25.5 in 86.0 percentile
 [ABNORMALITIES EXPLAINED] Abdomen: soft, ND, NT, no masses, no HSM
 [ISSUES] well baby
 IPV
 Diet: no solids yet
 acetaminophen dose
 Safety: never leave unattended, sleep position
 Toys: cradle gym, kick gym, mirror, mobile, bright large objects,
 AG: stays awake longer, reaches/grasping. babbling, drooling/everything in mouth
 [EXAM: FINDINGS]:
Eyes: RR X 2
Hearing: AF - OF
HEENT: nl shape
Ears: TMs - nl
Throat: CLEAR
Neck: supple
Lymph: none
Heart: RR, no murmur

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			<p>....Chest: equal BS Lungs: CLEAR Abdomen: see note Hips: symm,no clicks Pulses: fem 2+ Back: Normal Genitalia: nl female Hernia: none Extremity: well perfused Skin: n/a Dental: No lesions Jaundice: none Menstruation History: n/a Gross Motor: nl tone Fine Motor: NORMAL Behavioral Development: alert Neuro- Development: head up Language Development: "talks"</p>
09/12/2000	7 wks 3 days Growth Chart		<p>Weight: 5.5 kg 12.2 lb 92 percentile Height: 59.7 cm 23.5 in 94 percentile Head Circ: 39.0 cm 68 percentile</p>
09/12/2000	7 wks 3 days Vaccine Gary S. Edelstein, M.D.		<p>DTaP HepB/HIB PCV</p>
09/12/2000	7 wks 3 days Preventive Exam Gary S. Edelstein, M.D.		<p>[SUBJECTIVE: Interval History Since Last Visit :] 2 months - Doing well Diet: carnation good start every 3 hours Dev: smiles, coos, follows past midline, responds to loud noises sleep: on back/side elim: qd - q 3days Weight: 12.2 lb 79.0 percentile Height: 23.5 in 84.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: soft, ND, NT nomasses, no HSM [ISSUES] well baby DTaP, comvax, prevnar acetaminophen dose Safety: never leave unattended, sun protection (hats, shade, no sunscreen until 3 months) Toys: cradle gym, mirror, mobile, objects to swipe at AG: smiles/squeals/more cooing, regards hands, turns to sounds</p> <p>Plan: DTAP/HiB/IPV [EXAM: FINDINGS]: Eyes: RR X 2 Hearing: NORMAL HEENT: AFOF Ears: TMs - nl Throat: normal Neck: supple Lymph: none Heart: RR, no murmur Chest: equal BS Lungs: clear Abdomen: see note Hips: symm, no clicks Pulses: fem 2+ Back: normal Genitalia: nlfemale Hernia: none Extremity: FROM, (-)anomalies Skin: n/a Dental: No lesions</p>

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			<p>....Jaundice: none PKU: sickletrai Menstruation History: n/a Gross Motor: nl tone Fine Motor: normal Behavioral Development: head up Neuro- Development: alert Language Development: coos</p>
08/21/2000	4 wks 2 days Message Pamela R. Phillips		<p>[REASON] no BM x 48 hrs, feeding well, good urine output, seems to be straining [ACTION] observe, glycerine supp if no BM within next 24-48 hrs Caller: MOTHER Time Received: 11:58 AM Note for: PRP Note written by: PRP Call Status: Returned</p>
08/01/2000	1 wks 3 days Growth Chart		<p>Weight: 3.8 kg 8.4 lb 62 percentile</p>
08/01/2000	1 wks 3 days Preventive Exam Gary S. Edelstein, M.D.		<p>[SUBJECTIVE: Interval History Since Last Visit :] 10 days old girl; Doing well; Diet: similac with iron 3.5 oz q 3 hours sleep: side/back elim: frequent stools Weight: 8.4 lb 64.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: soft, NT, ND, no masses, no HSM; Skin: 2 scabs on scalp [ADVICE:] Respond to cries, sleep position (back/side), more alert time Alternate head position, rectal thermometer Define colic, constipation Diet: no water, appetite spurts, can't overfeed Discuss depressive symptoms [ISSUES] well baby f/u at 6 weeks [EXAM: FINDINGS]: Eyes: RR X 2 HEENT: AFOF Ears: TMs - nl Throat: normal Neck: supple Lymph: none Heart: RR, no murmur Chest: equal BS Lungs: CLEAR Abdomen: see note Hips: symm, no clicks Pulses: fem 2+ Back: no pit/tuft, nl placement Genitalia: BTdesc Hernia: none Extremity: FROM, (-)anomalies Skin: n/a Dental: see note Jaundice: none PKU: pending Menstruation History: n/a Gross Motor: sym Moro Fine Motor: grasps Neuro- Development: nl tone</p>
07/22/2000	0 wks 0 days Newborn Hx		<p>Birth weight: 3.5 kg 7.8 lb Birth lenght: 51.4 cm 20.25 in Gestational Age: FULL TERM</p>

Date *Record Type*
 Age on Date
Provider/Entered By

Record Summary

2515:

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

212-326-3351

Event Chronology: Associated Scanned Documents. Patient: 2515 SKYLER SEPULVEDA

Descriptive ID: SEPULVEDA, SKYLER

Type of Item: :DIAGNOSTIC TEST

Date Entered: 02/10/2004

Scan ID: 24019

Category: THROAT CULTURE

Data & Control Equipment: T41001 2

(000) 631-1350 -1 33333333333333333333 09 FEB 04 01:24

Quest
DiagnosticsQUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE NO. 631.1350SPECIMEN INFORMATION
SPECIMEN: 14031009
REQUISITION:COLLECTED: 02/06/2004 NONE
RECEIVED: 02/06/2004 18:19
REPORTED: 02/09/2004 08:27PATIENT INFORMATION
SEPULVEDA, SKYLERDOB: 07/22/2000 AGE: 3
GENDER: F
SS:

PHONE: 201.432.9086

REPORT STATUS FINAL

ORDERING PHYSICIAN
PHILLIPS, PAMELACLIENT INFORMATION
T86425 10083710
MANHATTAN PEDIATRICS, PC
SUITE 410
16 EAST 60TH ST
NEW YORK, NY 10022-1002Test Name
STREPTOCOCCUS, GRP A CULT

Final

No group A streptococci
isolatedLab
TBR

PERFORMING LABORATORY INFORMATION:

TBR Quest Diagnostics One Malabar Avenue Teterboro NJ 07608 Laboratory Director: William E. Tarr, M.D.
CLIA No: 3106952416

SEPULVEDA, SKYLER - 14031009

Page 1 - End of Report

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Page 2, document continues ...

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

212-326-3351

Event Chronology: Associated Scanned Documents. Patient: 2515 SKYLER SEPULVEDA

Descriptive ID: SEPULVEDA, SKYLER **Type of Item:** :DIAGNOSTIC TEST
Date Entered: 06/20/2003 **Scan ID:** 16966 **Category:** THROAT CULTURE

Data & Control Equipment FAXBOX 1

(800) 431-1330 -> 7777777777777777 07 JUN 03 01:08



Quest
Diagnostics

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.431.1330

SPECIMEN INFORMATION
SPECIMEN: 46185428
REQUISITION:

COLLECTED: NONE NONE
RECEIVED: 06/16/2003 18:53
REPORTED: 06/18/2003 18:56

PATIENT INFORMATION
SEPULVEDA, SKYLER

DOB: 07/22/2000 AGE: 2
GENDER: F
SS:

PHONE: 201.432.9086

REPORT STATUS FINAL

ORDERING PHYSICIAN
EDELSTEIN, GARY

CLIENT INFORMATION
T86425 10083060
MANHATTAN PEDIATRICS, PC
SUITE 410
16 EAST 60TH ST
NEW YORK, NY 10022-1002

Test Name	Lab
STREP GROUP A CULT, THROAT	TBR
Final	No group A streptococci isolated

PERFORMING LABORATORY INFORMATION:
TBR Quest Diagnostics One Molecular Avenue Teterboro NJ 07660 Laboratory Director: William L. Tarr, M.D.
CLIA No: 310649424

SEPULVEDA, SKYLER - 46185428

Page 1 - End of Report

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Page 10, document continues ...

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

212-326-3351

Event Chronology: Associated Scanned Documents. Patient: 2515 SKYLER SEPULVEDA

Descriptive ID: SEPULVEDA, SKYLER **Type of Item:** :REFERRAL LETTER
Date Entered: 10/08/2002 **Scan ID:** 8863 **Category:** DR. KELLER



Division of Pediatric Otolaryngology
 Children's Hospital of New York
 New York Presbyterian Hospital



Joseph Haddad, Jr., M.D.
 Jeffrey L. Keller, M.D.
 Lianne M. de Serres, M.D.

September 17, 2002

Pamela Phillips, M.D.
 16 E. 60th Street
 New York, NY 10022

RE: Skyler Sepulveda

Follow-Up Visit:

Dear Dr. Phillips:

Skyler Sepulveda was seen in follow-up consultation at Columbia-Presbyterian East Side Associates on September 17, 2002.

Problem: Routine follow up post tubes, no otorrhea, doing well.
Physical Exam: **Right ear:** Patent tube.
Left ear: Patent tube.
Nose: Clear.
Oropharynx: 3+ tonsils.
Neck: No adenopathy.

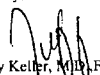
Impression: Patent tubes.

Plan: Observe.

Follow-Up Visit: 6 months.

Thank you. Please call me if you have any questions.

Sincerely,


 Jeffrey Keller, M.D., F.A.C.S.
 Pediatric Otolaryngology -
 Head & Neck Surgery

JK/mja/09SEPULVEDA.SKYLER

3959 Broadway, 5 North • New York, NY 10032 • (212) 305-8933 • Fax (212) 305-6142
 16 East 60th Street, Suite 360 • New York, NY 10022 • (212) 326-8475 • Fax (212) 326-8585

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

212-326-3351

Event Chronology: Associated Scanned Documents. Patient: 2515 SKYLER SEPULVEDA

Descriptive ID: SEPULVEDA, SKYLER

Type of Item: :DIAGNOSTIC TEST

Date Entered: 06/29/2002

Scan ID: 6943

Category: CBC WITH PLATELETS

Quest Diagnostics Incorporated
One Malcolm Avenue
Teterboro, New Jersey 07608-1070
800-431-1380 Client Service
201-393-5000

Clinical Laboratory Report

Quest Diagnostics

Patient Name: SEPULVEDA, SKYLER
Age: 22M
Sex: F
Referring Physician: KERPSACK BRIGITTE
Patient ID: 0844
Date of Birth: 06/07/2002
Date of Report: 06/07/2002
Date of Specimen: 06/09/2002
Collection Site: MANHATTAN PEDIATRICS, PC 10083060
Suite 410
16 East 60th St
New York, NY 10022-1002
Accession Number: T86425
Barcode: 43867524
Time: 1034
Status: NON-FASTING

TEST NAME	RESULT		UNITS	REFERENCE RANGE
	ABNORMAL	NORMAL		
Jersey City Collection Site				
CBC W/ DIFF & PLT				
WBC		7.6	Thous/mcL	5.0-17.0
RBC		4.00	Mill/mcL	3.70-5.30
HEMOGLOBIN	10.0		g/dL	10.5-13.5
HEMATOCRIT	29.1		%	33.0-39.0
MCV		72.6	fL	70.0-86.0
MCH		25.0	pg	23.0-31.0
MCHC		34.4	g/dL	30.0-36.0
RDW		14.6	%	11.0-15.0
PLATELET COUNT		358	Thous/mcL	140-400
MPV	7.3		fL	7.5-11.5
TOTAL NEUTROPHILS, %		31.1	%	
TOTAL LYMPHOCYTES, %		55.8	%	
MONOCYTES, %		11.6	%	
EOSINOPHILS, %		1.5	%	
BASOPHILS, %		0.0	%	
NEUTROPHILS, ABSOLUTE		2364	Cells/mcL	1500-8500
LYMPHOCYTES, ABSOLUTE		4241	Cells/mcL	4000-10500
MONOCYTES, ABSOLUTE		882	Cells/mcL	200-1000
EOSINOPHILS, ABSOLUTE		114	Cells/mcL	50-700
BASOPHILS, ABSOLUTE		0	Cells/mcL	0-250
DIFFERENTIAL				
An instrument differential was performed.				
LEAD, BLOOD		13	ug/dL	<10
See note 1				
6/19/02 - call insurance times - got the machine				
6/20/02 N/A				
6/26/02 - spoke E m-m will start mon N/A				
CONTINUED ON PAGE 2				

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Signature: [Signature]
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Name: [Name]
Title: [Title]

Page 2, document continues

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

Return Address:

212-326-3351

Brigitte Kerpsack, M.D.
16 East 60 Street, Suite 410
New York, NY 10022

Date printed 02/13/2004

Your Next Appointment:

EVETTE SEPULVEDA
13 GILES AVENUE
JERSEY CITY, NJ 07306

Patient: 2515 : SKYLER SEPULVEDA

D.O.B. 07/22/2000

SEX: F

Message.... It is important that your child's immunization record is up to date and accurate. Please notify us of any corrections or updates immediately. Thank you.

Immunization FORECAST:

D-T-P #5 between 07/22/2004 and 07/22/2007, earliest is 07/22/2004;
Polio #4 between 07/22/2004 and 07/22/2007, earliest is now;
PCV #4 recommended now;
M-M-R #2 between 07/22/2004 and 07/22/2007, earliest is now;

Reactions...

Allergies... No known allergies

Immunizations Total number: 18

Age on date printed (02/13/2004): 3 yrs. 6 mos.

D - T - P Group

HIB

Polio

M-M-R

DTaP	09/12/2000	HepB/HIB	09/12/2000	IPV	10/30/2000	MMR	07/23/2001
DTaP	11/29/2000	HepB/HIB	11/29/2000	IPV	01/23/2001		
DTaP	01/23/2001	HepB/HIB	10/23/2001	IPV	04/23/2001		
DTaP	10/23/2001	SC					

Varicella (Chickenpox)

Var	07/23/2001

Hep B

Hep A

Pneumococcal

Other Vaccines:

HepB/HIB	09/12/2000			PCV	09/12/2000	FLU - 6-35m	11/04/2002
HepB/HIB	11/29/2000			PCV	11/29/2000	FLU - 6-35m	02/28/2003
HepB/HIB	10/23/2001			PCV	01/23/2001	FLU - 3yrs+	12/05/2003
				DUE			

SC - series complete

AS- atypical schedule

DVH - deferred: vaccine history pending

NR - not required

AR-adverse reaction to prev.

DMC - deferred: medical contraindications

DD - documented disease

DI - documented immunity: protective titers

Hx?- History in question

OK- within minimum interval

DUE- within recommended range

Manhattan Pediatrics, P.C.
16 East 60th Street, Suite 410
New York, NY 10022

02/13/2004 12:52 PM

(c) Visual Data, LLC 2003 - 800-218-9916

Brigitte Kerpsack, M.D.
216418 216418

July 30, 2002

Pamela Phillips, M.D.
16 E. 60th Street
New York, NY 10021

RE: Skyler Sepulveda

Dear Dr. Phillips:

I had the pleasure of seeing Skyler Sepulveda in consultation at Columbia-Presbyterian East Side Associates on the 30th of July. Skyler is a 2-year-old with a history of chronic serous otitis for a number of months. She has had seven episodes of acute otitis.

Her past medical history is unremarkable. She has no drug allergies.

On physical examination the tympanic membranes were dull with decreased mobility. There was serous fluid bilaterally. Nasal exam was unremarkable. Examination of the oral cavity and the oropharynx revealed 2+ tonsils with an intact palate. Neck exam was benign.

An audiogram performed today revealed borderline normal hearing with Type C tympanograms.

My impression is that Skyler has had chronic fluid. Given the recurrent infections, I think tube placement is indicated. The risks, benefits and alternatives were discussed. The mother will contact my office to schedule surgery. She also has moderate to severe adenotonsillar hypertrophy with minimal symptoms. I have recommended observation with regards to the tonsils and adenoids.

Thank you for the opportunity to participate in Skyler's care. Please call me if you have any questions.

Sincerely,

Jeffrey Keller, M.D., F.A.C.S.
Pediatric Otolaryngology -
Head & Neck Surgery

JK/mja

Medical Records of Trisha Torres



Jack and Lucy Clark
Department of Pediatrics

Jack Martin Division of
Hematology/Oncology

William L. Carroll, M.D., Chief
Carrie Brownstein, M.D.
Sharon Gardner, M.D.
Ludovico Guarini, M.D.
Anne Hurlet, M.D.
Deepa Manwani, M.D.
W. Beau Mitchell, M.D.
Elizabeth Raetz, M.D.
Lauren Fennimore, C.P.N.P.
Bernadette Vesey, C.F.N.P.
Jerald Bruno, M.P.A.

Office: (212) 241-7022
Fax: (212) 360-6921
Patient Appointments: (212) 241-0585
One Gustave L. Levy Place, Box 1208
New York, New York 10029

To: Dr. Smith
Adolescent Health Medicine
320 E. 94th Street
New York, N.Y. 10128

Re: Torres, Tricia
DOB: 10/31/89
Unit#: 2338720

Medical History update: 11/1/02

Dear Dr. Smith,

Tricia Torres is a patient of our Pediatric Hematology clinic for Sickle Cell Anemia. She was first seen at Mount Sinai in January 2002. She has been followed at Lenox Hill and the NYU pediatric hematology team provided her hematology care. We have not succeeded to get a complete copy of the records from Lenox Hill. However, her and her Grandmother provided us with her past medical history.

Past Medical History:

She was born at Lenox hill and newborn screening did the diagnosis of Sickle Cell Disease. She was started on Penicillin prophylaxis. Then switched to Amoxicillin for some unknown reason.

At age 2 weeks old she had an infection with possibly fluid around the brain???

As a young child she had numerous admissions at Lenox Hill for fever.

Event related to Sickle Cell disease:

Splenic sequestration at age 3 followed by splenectomy

Cholecystectomy at age 4

Pneumonia but no transfusion during that hospitalization

No neurological events but had a MRI/MRA 2 years ago for school difficulties

She does not frequent pain crisis and has never been admitted for pain.

She had chronic snoring and possibly sleep apnea.

Admission at Mount Sinai
7/4/02 for high fever no complications

Diet

Her appetite is poor and she has been on BOOST supplements

Vaccinations are up to date but the pneumococcal vaccine

Available data: Prevnar was given in 1991
Flu shot given in heme clinic 10/15/02

Family History:

The family is from Porto Rico. Tricia lives with her grandmother. Her mother lives in New Jersey and has another child born in 2001. Tricia visits her mother regularly. They are closed. Tricia tries to live in New Jersey but did not like the school. This seemed to be the main reason why she is with her grandmother who can also give her all attention and can bring her to all her appointments.

Psychosocial Issues:

A psychologist at Lenox Hill has followed Tricia. She possibly had ADAD but is not on any medications. She still sees Dr. Villaluz (212 562 7613) her psychologist once/week. At school she has difficulties in reading and has been evaluated several time. Last evaluation in 7/2001 concludes that she meets the criteria for speech and language disability. Her mathematical skills are also borderlines. Tricia is very concerned about the fact that compared to her peer she is not sexually developed.

Physical Exam (10/15/02):

She is a very pleasant adolescent girl. She likes to ask question about her condition.

Skin: she is slightly icteric. There are clean scars of surgery on the abdomen.

HEENT:

Eyes icteric, pupil equal reacting to light, no strabism, normal light reflex

Mouth clean, no dental cavities. Tonsil present, normal size, no exudates

Nodes: L axillary's node palpable

Cardio-vascular: Grade II/IV systolic murmur, Lungs clear

Abdomen soft, no hepatomegaly

No neurological deficit

No bone deformities or anomalies

Genitalia Tanner I

Laboratory Evaluation:

See lab flow sheet

Special Tests, Consults and Procedures

EKG ECHO was performed prior to her coming to MS. It was repeated on 10/15. Results not yet available

Pulmonary functions were performed 5/02 they were normal

Ophthalmology consult was done but no results available at this point

Trans Cranial Doppler was done 10/02. It was within normal range for age and sickle cell disease.

Adolescent medicine referral was made. Dr Smith who is now her PMD now follows her.

Dental clinic: she was seen in dental clinic this year

ENT consult appointment was given but there is no note available

She will continue to be seen by Hematology clinic and adolescent medicine.

Issues Not Solved

ENT and need for T @ A

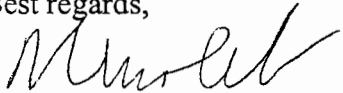
EKG/ECHO results

Ophtalmology consult results

Review Pneumococcal vaccine

Do not hesitate to call me if you have any questions. My number is 212.241.7022.

Best regards,

A handwritten signature in black ink, appearing to read 'Anne Hurlet', written in a cursive style.

Anne Hurlet, M.D.

Clinical Associate Professor

Division of Pediatric Hematology/Oncology

NEUROLOGICAL INSTITUTE OF NEW YORK

NON-INVASIVE VASCULAR LABORATORY

710 West 168 St. Rm 649, New York, NY 10032

FINAL REPORT

Patient Name: Torres, Trisha
 Referring Physician: Anne Hurlet, M.D.
 Reason for Referral: Sickle Cell Disease
 Doppler Analyst: OM Ramos

Date: 10/23/2002
 Unit No: 433 61 27
 DOB: 10/31/89

TRANSCRANIAL DOPPLER STUDY**LEFT-SIDED CIRCLE OF WILLIS FINDINGS**

	Depth (mm)	Peak (cm/sec)	Mean (cm/sec)	Pulsatility Index
Middle Cerebral	50	156	115	0.66
Anterior Cerebral	56	156	114	0.65
Posterior Cerebral	60	125	91	0.73
ICA				

RIGHT-SIDED CIRCLE OF WILLIS FINDINGS

	Depth (mm)	Peak (cm/sec)	Mean (cm/sec)	Pulsatility Index
Middle Cerebral	50	177	124	0.73
Anterior Cerebral	56	126	91	0.66
Posterior Cerebral	60	120	86	0.77
ICA				

POSTERIOR CIRCULATION FINDINGS

	Depth (mm)	Peak (cm/sec)	Mean (cm/sec)	Pulsatility Index
Left Vertebral				
Right Vertebral				
Basilar	80	135	97	0.77

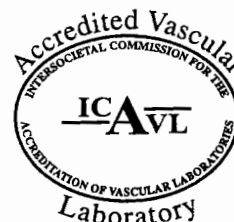
Compression: Not done.**Impression:** Complete study showed normal waveforms and flow velocities in the Circle of Willis and Basilar.

Comments: Unless otherwise specified above, the probe for the cerebral arteries was positioned over the ipsilateral region just above the zygoma, and that for the intracranial carotid was positioned just above the globe directed toward the superior orbital fissure. Unless otherwise specified, the probe was placed at the skull base below theinion for imaging of the Basilar artery and on either side for imaging of the Vertebrals and PICA.

No significant change from the previous study done on 10/18/2000.

I have personally reviewed and interpreted this study. Thank you for this referral.

J.P. Mohr, M.D.



MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
 ECHOCARDIOGRAM : CARDIAC ANATOMY

Record #: 02338720
 Name: Torres, Trisha

Date : October 15, 2002, 09:00 DOPPLER COLOR M-MODE 2-D OFFD/A
 Location: Hematology-Oncology Outpatient
 Doctor: HURLET-A
 Tape #: CF5573 (0:32:24)
 Born : October 31, 1989 Age: 13.0 years
 Height: 149.0 cm, 12 %ile Weight: 34.4 kg, 7 %ile BSA: 1.18 m²
 Diagnosis: sickle cell disease
 Reason for test: initial study

Anatomical Diagnoses

Cardiac Segments {S,D,S}

Veins and Atria

PATENT FORAMEN OVALE, TRIVIAL 202004
 Trivial patent foramen ovale with normal systemic and
 pulmonary venous connections.

A-V Canal

(No abnormalities seen)

Ventricles

GLOBAL LEFT VENTRICULAR DYSFUNCTION RULED OUT 181308

Conotruncus

(No abnormalities seen)

Great Arteries

LEFT AORTIC ARCH 271000
 Left aortic arch with normal branching pattern, patent
 ductus arteriosus and coarctation excluded.
 DILATATION OF THE MAIN PULMONARY ARTERY 232400
 DILATED ASCENDING AORTA 270100

Pericardium

(No abnormalities seen)

Other

SICKLE CELL ANEMIA 470300

(Continued)

Page 2

MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
 ECHOCARDIOGRAM : CARDIAC ANATOMY

Record #: 02338720
 Name: Torres, Trisha

MEASUREMENTS

Aortic Valve: 1.93 cm	Zscore = 1.83
Mean for BSA = 1.65,	Normal range = 1.35 to 1.95
Aortic Root: 2.90 cm	Zscore = 3.12
Mean for BSA = 2.17,	Normal range = 1.71 to 2.63
Sinotubular junction: 2.21 cm	Zscore = 1.91
Mean for BSA = 1.84,	Normal range = 1.47 to 2.22
Ascending Aorta: 2.27 cm	Zscore = 1.96
Mean for BSA = 1.88,	Normal range = 1.49 to 2.27
Transverse Arch: 1.90 cm	Zscore = 1.69
Mean for BSA = 1.62,	Normal range = 1.29 to 1.95
Aortic Isthmus: 1.81 cm	Zscore = 2.44
Mean for BSA = 1.31,	Normal range = 0.91 to 1.71
Pulmonic Valve: 2.55 cm	Zscore = 3.21
Mean for BSA = 1.90,	Normal range = 1.50 to 2.30
Main Pulm Artery: 2.50 cm	Zscore = 2.89
Mean for BSA = 1.83,	Normal range = 1.38 to 2.29
Right Pulm Artery: 1.31 cm	Zscore = 1.07
Mean for BSA = 1.14,	Normal range = 0.83 to 1.45
Left Pulm Artery: 1.29 cm	Zscore = 1.10
Mean for BSA = 1.11,	Normal range = 0.79 to 1.43
Tricuspid Valve (Lat): 2.54 cm	Zscore = 0.46
Mean for BSA = 2.38,	Normal range = 1.69 to 3.07
Tricuspid Valve Area: 5.07 cm ²	Zscore = 0.52
Mean for BSA = 4.50,	Normal range = 2.88 to 7.04
Mitral Valve (Lat): 2.92 cm	Zscore = 1.75
Mean for BSA = 2.28,	Normal range = 1.72 to 3.01
Mitral Valve Area: 6.70 cm ²	Zscore = 2.60
Mean for BSA = 3.70,	Normal range = 2.36 to 5.79

Report Summary

Patient with the diagnosis of Sick cell anemia.

Trivial patent foramen ovale.

Qualitatively good biventricular function.

Dilated main pulmonary artery and ascending aorta as is often seen in high output states and not uncommonly with sickle cell anemia.

 October 15, 2002, 05:02 PM

Shubhika Srivastava, M.D.

MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
 ECHOCARDIOGRAM : CARDIAC FUNCTION

Record #: 02338720
 Name: Torres, Trisha

Date : October 15, 2002, 09:00 DOPPLER COLOR M-MODE 2-D OFFD/A
 Location: Hematology-Oncology Outpatient
 Doctor: HURLET-A
 Tape #: CF5573 (0:32:24)
 Born : October 31, 1989 Age: 13.0 years
 Height: 149.0 cm, 12 %ile Weight: 34.4 kg, 7 %ile BSA: 1.18 m²
 Diagnosis: sickle cell disease
 Reason for test: initial study

M-MODE:	DIASTOLE	SYSTOLE	DIASTOLE	NORMAL
LV Dimension:	4.66 cm	3.02 cm	3.54 -	4.88
IVS Thickness:	1.14 cm	1.44 cm	0.57 -	1.08
LVPW Thickness:	0.85 cm	1.51 cm	0.59 -	0.97

LV Mass: 160.0 grams Normal range: 64.8 - 142.2

STI:

Heart Rate:	84 bpm	RR Interval:	717 msec	IRT:	msec
ET:	284 msec	ETc:	335 msec	PEP:	85 msec

BP:

Systolic:	103 mmHg	Diastolic:	55 mmHg	Mean:	74 mmHg
-----------	----------	------------	---------	-------	---------

STRESS:

Peak:	134 g/cm ²	End-Systolic:	33 g/cm ²	Total:	23 g/cm ²
-------	-----------------------	---------------	----------------------	--------	----------------------

LV FUNCTION:

Fractional Shortening:	35.1 %	VCF:	1.24 c/s	VCFc:	1.05 c/s
------------------------	--------	------	----------	-------	----------

CONTRACTILITY INDICES:

End-Systolic Stress-Shortening Relation:	Normal
End-Systolic Stress-VCFc Relation:	Normal

Report Summary

Moderate increase in left ventricular mass (95 %ile LVM = 142 g).

Normal left ventricular contractility (minimum normal VCFc for this level of afterload = 0.93).

Normal left ventricular function (normal FS for age = 28.4 to 38.0 %) with normal afterload (normal ESS for age = 31 to 60 gm/cm²).

The ESS-VCFc and ESS-FS relationships are consistent with normal preload.

(Continued)

Page 3

MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
ECHOCARDIOGRAM : CARDIAC FUNCTION

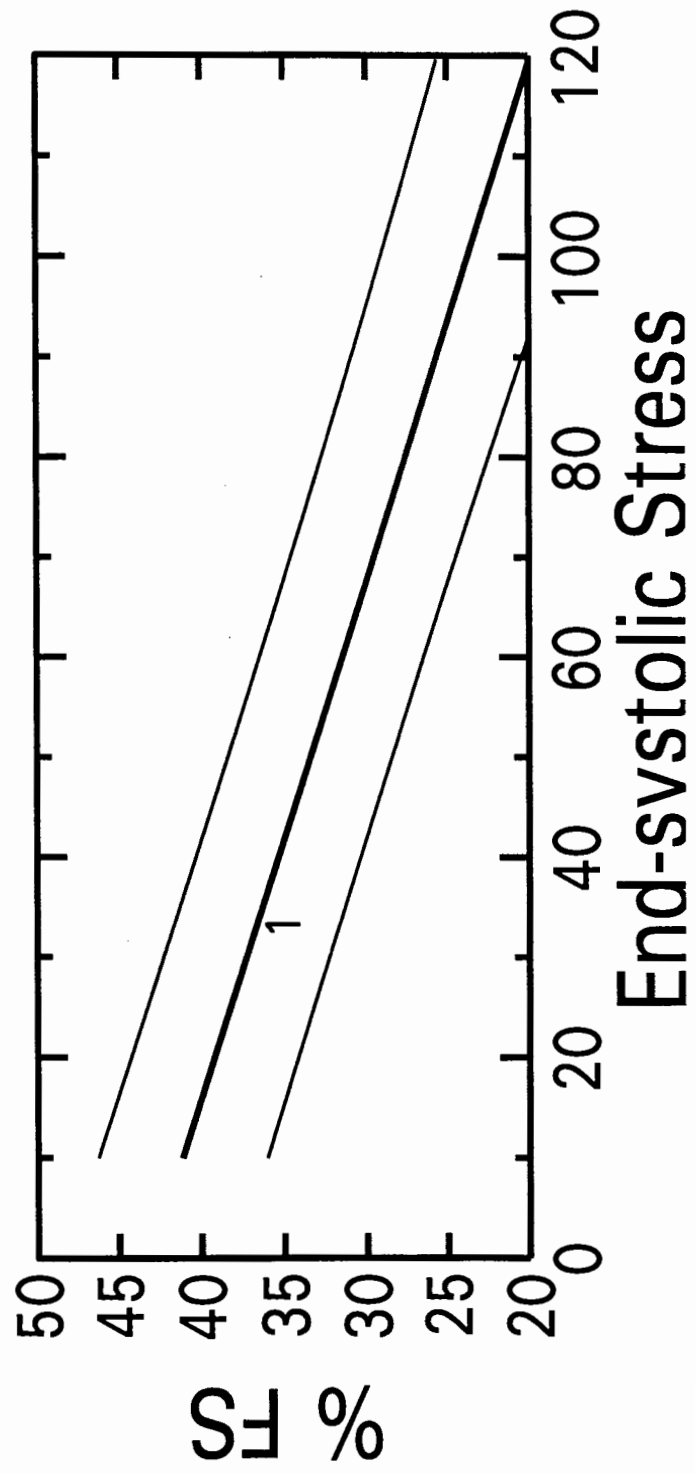
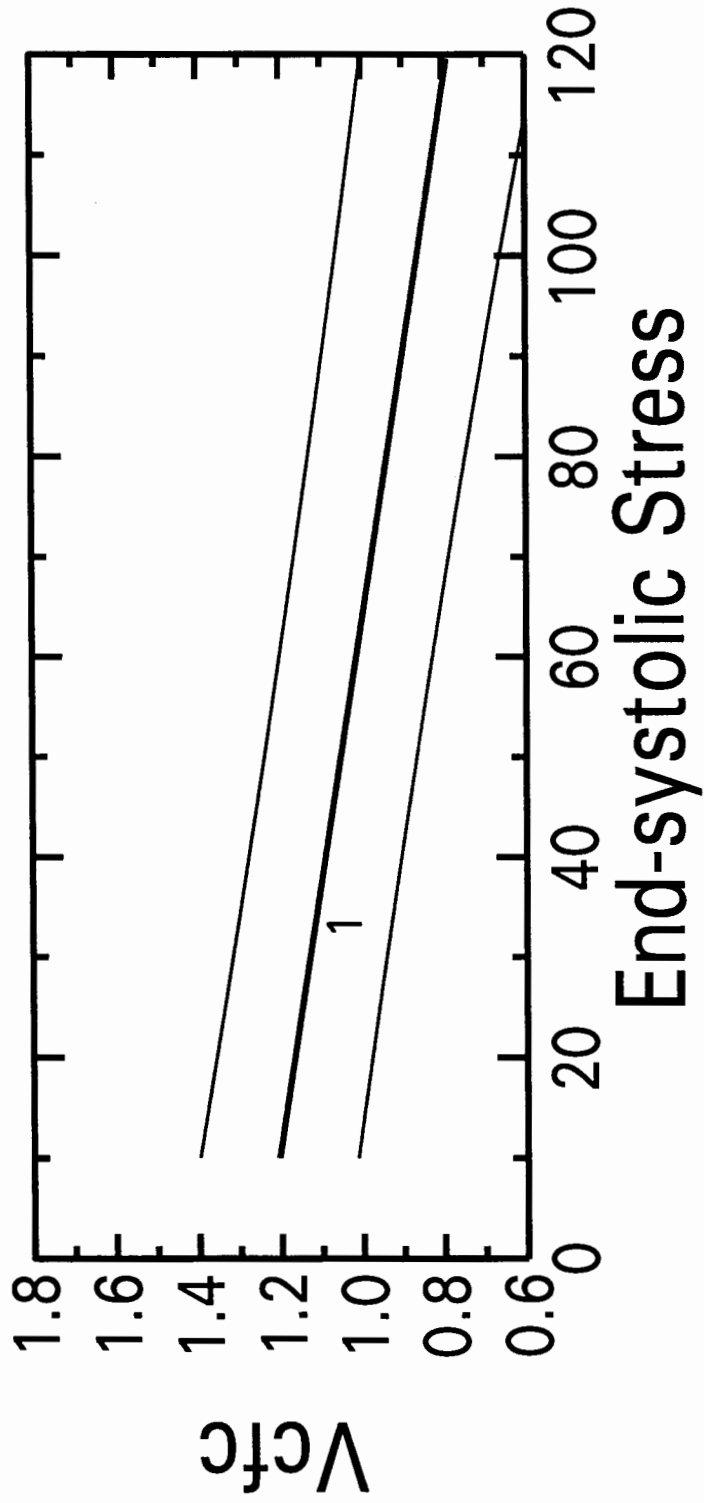
Record #: 02338720
Name: Torres, Trisha

Report Summary (Continued)

October 15, 2002, 05:02 PM

Shubhika Srivastava, M.D.

Torres, Trisha #02338720 10/15/2002



Supporting Letters from Family and Friends¹

¹ **Supporting letters attached hereto are submitted in chronological order.**

11-15-03

To Whom it may Concern,

I am happy to provide a personal reference for Mr. Juan Sepulveda. My name is Anthony Batista. I live and work in Manhattan and have known Mr Sepulveda for 16 years. During that time, I have gotten to know Mr Sepulveda very well.

I know him as a trustworthy and good hearted friend and a loving father and husband. He is a hardworking and caring man who deserves a second chance regardless of the mistakes he has made. I know that he sincerely regrets the pain that he has cause to his friends and family.

Love
Anthony Batista

GOODWIN | PROCTER

Goodwin Procter LLP
Counsellors at Law
599 Lexington Avenue
New York, NY 10022

T: 212.813.8800
F: 212.355.3333
goodwinprocter.com

November 17, 2003

To whom it may concern:

RE: Jason Sepulveda

I met Jason Sepulveda through his wife, Evette, who is a co-worker and good friend of mine. I have known Jason for 2 years now as a friend and most recently, as a landlord.

I can confirm that he is a man of great integrity, is extremely dedicated to his family and work, and is entirely a well-respected individual. Everyone whom I met can only say good things about Jason, and accordingly, during these past 2 years, I have been able to experience and see first-hand, what a wonderful individual Jason is.

As a friend, Jason Sepulveda is an outstanding person. He is loyal, honest, considerate and supportive. There is never a doubt in my mind that if you are in need for emotional, mental or even financial support, Jason would be the first person to shine through for you.

I view Jason as my mentor and role model. I have found Jason to be a person whom I can openly communicate with. He has the ability to see and understand things from all aspects and is open to other people's opinions and feelings. He is a great communicator, very articulate and knowledgeable, and he is a firm believer that hard work is the only way to achieve your goals in life.

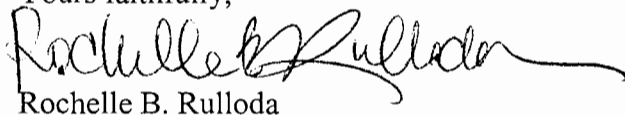
I am only 25 years old and moved here to the East coast 2 years ago, having little to no family and not knowing anything about this place. Jason and his wife have taken it upon themselves to befriend a complete stranger and have welcomed me with open arms into their family.

Furthermore, Jason treats each individual with respect and courtesy. Being a friend and a tenant does not interfere with our relationship. I have found Jason to be a more than fair landlord and is very reliable and dependable when there are (if any) conflicts arising.

I really cannot think of anything negative when it comes to Jason. All in all, Jason Sepulveda is an outstanding, well-balanced individual, with more than enough positive qualities.

For your information, I have been a corporate legal secretary for Goodwin Procter, LLP for two years, and collectively, have been a legal secretary for six years in both the family law and corporate practice. I am more than happy to provide further information if required.

Yours faithfully,


Rochelle B. Rulloda

11/17/03

to whom it may concern,

I Matilda Maldonado is the mother-in-law of Jaser Sepulveda. I've known him for 13 yrs. Jaser is a great son-in-law. He is always there for me when I need something done around the house. I am so happy that he married my daughter. Jaser is a great husband & father for I have seen it from my ^{own} eyes. Jaser is also a hard working man always providing for his family. Jaser always calls me to see how I'm doing and if I need any thing.

Sincerely,

Matilda Maldonado

205 East 112st Apt 3C

New York, N.Y. 10029

H - 212-289-1045

11/27/03

To whom it may concern,

My name is carlos. I work in a grocery store in Newark New Jersey. I've known Jason for 6 years. I've known Jason to be a hard working person, Jason, is a great friend to me always there when I need help and he was always there for me when I was at my worst. Jason, is a honest, loving, respectable, reliable, dependable individual.

I've seen Jason with my own eyes that he loves his family, kids, + wife. He is also a great provider to his family. Jason to me is ~~a~~ truly a loyal friend.

If you have any questions please feel free to contact me at: (973)- 926-0735.

Carlos Lopez

11-18-03

To Whom It May Concern,

My name is Benjamin D. Kasson and I live in Midtown, Manhattan. I am writing this letter in regards to Mr. Jason Sepulveda, who is and always has been a very sincere, and trusted friend. I ~~can~~ personally say that I have known Jason for the last 15 years and Not once has he ever been in any type of trouble, with anyone. I am a Viet Nam Vet at age 52, and I would not trust anyone more than Jason. He's has a very good outlook on life, But! Anyone ~~can~~ make mistakes. But! Can learn to be better in life for him self and others, If given another opportunity to correct any wrong doing. So or any. He is also a loving husband to his wife and a caring father to his daughter. In my eyes, Jason, as a friend. I know he's A Good person.

and always means to do good.

I'm praying that Jason would be given a
Second lease on his life, for All sake.

and learn, that life, and freedom means
Everything to those you love, and Care for.
Please feel free to Contact me at

Mr. Benjamin D. Kassin

1763 - 2nd Ave. # 11N

New York, N.Y. 10128

212-369-5122

Sincerely,

Mr. Benjamin D. Kassin

December 1, 2003

To Whom It May Concern:

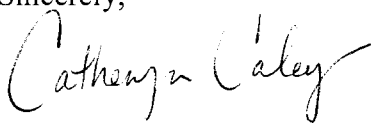
The purpose of this letter is to state my familiarity and rapport with Mr. Jason Sepulveda.

One year ago, I was fortunate to have met Jason. After moving from Wisconsin to New York City, I encountered many new challenges. I met Jason through his wife Evette Sepulveda. Jason and his family, in a sense, took me under their wings and became a surrogate family for me. They provided continual encouragement that helped me with my new surroundings.

Throughout the past year I was able to get to know Jason well. He is a strong-minded, determined and hard working man. It became clear to me that Jason is exceptionally responsible and highly respected among his family and friends. By witnessing his interactions with his children, I can confidently say Jason is a loving and patient father. He and his wife Evette have a remarkable relationship. I commend them for their honest and healthy communication skills. It was enlightening proof to me that relationships can and do flourish with time.

The truth of the matter is that Jason Sepulveda is an intelligent and caring individual. My treasured experiences in New York were greatly in part because of my relationship with Jason and his family. This family has positively affected my life in many unforgettable ways.

Sincerely,

A handwritten signature in cursive script that reads "Catheryn A. Caley". The signature is fluid and elegant, with the first name being the most prominent.

Catheryn A. Caley
301 N. Pinckney Street #2
Madison, Wisconsin 53703
347.731.6996

February 11, 2004

To whom it may concern,

My name is Evette Sepulveda and I am submitting this letter in order to provide you with a character commendation for Mr. Jason Sepulveda.

I have been employed by Goodwin Procter LLP for over six years and am also mother to three beautiful daughters and a wife to my loving husband, Jason Sepulveda.

Thirteen years ago, I met Jason through a friend of mine at the Puerto Rican Day Parade. We got to know each other very well and got really close. Two months after we met, we started dating, and have been with each other ever since. We have been happily married for seven years and have been blessed with three beautiful daughters. Through the years, I have gotten to know Jason better every day, as a very good friend, boyfriend, husband, and father.

Jason has always been a person who had goals in life and had all the intentions to work hard to reach every single one of them. I have been fortunate that we chose one another to be by each other's side, to help achieve all goals. He worked part-time and was going to school full-time. After graduating from college, Jason wanted to give back to his community and became a police officer and later became a private investigator. My husband takes great pride in his work, and takes his job very seriously. He loves to work and does outstanding on every assignment he's given.

Not only is Jason a hard-worker, but he is a wonderful, loving family man. Our first daughter, who is 14 years old, is from another man. At the age of one years old, Jason took her in as if she were his own, and has been that way with her ever since. No real man would ever do that. You would never be able to tell that Jason was not my daughter's biological father. Our daughter suffers from a life-long illness called sickle cell disease. From the day she was born, she has been in and out of hospitals, have seen and been treated by numerous doctors, and have been on constant medication. And from day one, Jason has been there for her. Our daughter has had 2 surgeries and numerous of blood transfusion and thanks to the lord she is still here with us. He has always been by her side whenever our daughter fell ill or was admitted into the hospital we actually take turns staying in the hospital with her. Jason has been there to support us emotionally and financially.

February 11, 2004

Page 2

Our second daughter, Jason's biological daughter, is 13 years old. Although she lives with her biological mother, Jason makes every effort to support her in every way he can and with everything she needs. We also take her on weekends to spend time with us and her little sister. She too is not well, and suffers from mental illness and depression. She was admitted to Believue hospital to be treated and to be under suicide watch. She looks up to her father and depends on him. She calls him every time to talk to him. She has been through psychiatric therapy and Jason has been there for her every step of the way.

And together, we have our three year old daughter, whom Jason keeps close to his heart also. With hopes that our third child would come out healthy, she too suffers from chronic illness asthma and suffers from upper respiratory breathing she's been in and out of the hospitals since birth. We constantly have to give her, her asthma machine for her breathing, she gets sick at least 3 times a month. She was also diagnosis with Sickle Cell Trait. Jason and I we try to be strong for our kids with working and taking care of sick kids he is the only one that I could count on and rely on. We take turns with our kids.

With three daughters that all have medical conditions, they need their father on a daily basis to be there for them for moral support and to be there for them emotionally and financially. All three of our daughters look up to their father with great admiration and seek his love and guidance every waking moment. Our children are both our pride and joy, and they need their father in their life. They need that role model of a strong, loving, caring, nurturing and understanding man. They *need* their father in their lives.

Everyone that Jason has met over the years, love him and have gotten along with him. Jason is a person that you could talk to and is always willing to listen. Jason is a person that you could count on for help or comfort, regardless of how hectic his life or schedule is.

Jason is very knowledgeable. He takes the initiative to educate himself and learn about modern day technology and keeps up-to-date with current events and his surroundings. You can rarely find my husband lounging in front of the television or sleeping in on the weekends. He is someone that likes to keep active – whether it would be spending time with his family or learning something new.

Through thick and thin, Jason has always been there for me. Jason is not only my husband, but he is also my best friend. I rely on him for everything. Jason is my love, my world, my everything. We do everything together, as husband and wife, and most importantly, as a family.

Jason is a respectable, hard working, loving, caring, and a very understanding individual. Jason and I have been together for 13 years. I can not see myself without him, nor can I see my children without their father. We are united as one. Besides our children, Jason is the best thing that has ever happened to me.

February 11, 2004

Page 3

Jason is a person that would help you in any way he can. My husband has a beautiful, loving heart. Jason is a very ambitious, very creative, and outgoing person. There are not enough words to describe how much of an amazing person my husband is – to his family, to his friends, and to his neighbors.

These past months have been devastating for our families, our children and me. We have been going through so much pain and suffering since this happened, not to mention the impact it has on our children, and the changes that we all have gone through since October. How do you explain to a three year old, who had to witness her father being taken away? I pray every moment that you will find it in your heart to take this letter in consideration. I know that my husband has learned a very hard lesson on someone else's mistake, and I pray that you will see that my husband is not the person who your officers "claim" him to be. In fact, he is nothing of what they categorize him to be.

Thank you for reading this letter on behalf of my husband, Mr. Jason Sepulveda's situation.


If you have any question's please feel free to contact me at 212-813-8903

Evette Sepulveda

Home address: 13 Giles Avenue, Jersey City NJ, 07306 (201) 432-9086.

Work address: 599 Lexington Avenue, New York, NY (212) 813-8903.

Sincerely yours,



Evette Sepulveda

To whom it may concern,

I am writing this letter on the behalf of my long time friend (Jason Sepulveda) who has a great personality and a great sense of humor.

Jason is a great person to be around with. He is a very respectable individual who will do anything for his family and friends. Jason has two beautiful daughters and a loving wife, which he is grateful for. Jason is a great father who provides for his family in a great deal. Since the day Jason and I met, Jason has been a good friend.

Sincerely yours,

Louie Casillas.

Louie Casillas
350 Madison St. #2A
N.Y. N.Y. 10002
cell # (917) 642-2620

To whom it may concern,
When you meet someone special,
understanding and caring,
you seem to feel that right
away. The day I met Jason
I knew that is what he was and
more. I am Elizabeth Mulawka
and I met Jason through David
his nephew. We met about five
years ago at a family event
where he welcomed me like a
good friend, and that's what
we became.

We didn't spend much time
together but when we did
he would listen and care.
He would always give great
advice and would never
seem too busy to hear you out.
He would also tell me how
much he loved his family,
and about all the great times
he had with his wife and
kids. He would tell them how

much he loved them whenever
he could. I admired him
very much for his openness
and big heart, and the
way he would do anything
for his family. ~~He was a~~
~~very~~ ~~kind~~ ~~and~~
~~very~~ ~~kind~~ ~~and~~ ~~very~~
~~kind~~.

Elizabeth
Mulawka
161 Main Street
Marfield, N.J. 07024
973-253-8977